

CLHS/CLJH
Confirmation of PIV Guidelines

By signing below I verify I have read and agree to the PIV Guidelines and understand that my issued password and login are confidential and it is my responsibility to keep it confidential. If at any time I feel my login and/or password has been compromised I will immediately notify the CLJH/HS office.

Student Name _____ Grade _____

Parent Name (please print) _____

Parent Signature _____ Date _____